PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

08757309

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN											
r <u></u>			(Column 1)		(Column 2)		TYPE [OR SMALL ENTITY	
TOTAL CLAIMS			16 40				RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			70 minus 20=		. 20		X\$ 9=		OR	X\$18=	360
INDEPENDENT CLAIMS			minus 3 =		* 3		X40=		OR	X80=	2x 0
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	
* If	the difference	in column 1 is	less than z	ero, entei	r "0" in c	olumn 2	TOTAL		OR	TOTAL	1310
	С	LAIMS AS A	MENDE	ENDED - PART II				<u> </u>		OTHER	THAN
		(Column 1)	(Colum			(Column 3) SMAL		ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		+135=			+270=	
							TOTAL		OR	TOTAL	
									OR	ADDIT. FEE	
_		(Column 1) CLAIMS		(Colur		(Column 3)					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	DETIPLE DEI	PENDENT	CLAIM		+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)							ADDIT: TEE		,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	EST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=			X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						7,10-		OR	7,00-	4
• 1	f the entry in colum	mn 1 is less than th	ne entry in col	ıma 2 westo	"O" in col	ump 3	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		mber Previously Pa nber Previously Pai					ound in the app	ropriate box	ın coli	umn 1.	